

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90028 045 ***150.00

DOCUMENT # P93000063984

1. Entity Name
TRUJILLO ANESTHESIA SERVICES, P.A.

Principal Place of Business C/O MOSHER AND SCHNEIDER P.A. 1001 FLAGLER CENTER · 505 S. FLAGLER DR. WEST PALM BEACH FL 33401	Mailing Address C/O MOSHER AND SCHNEIDER P.A. 1001 FLAGLER CENTER 505 S. FLAGLER DR. WEST PALM BEACH FL 33401 US
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101417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 Australian Avenue	3. Mailing Address 250 Australian Avenue
Suite, Apt. #, etc. 1550 Clearlake Centre	Suite, Apt. #, etc. 1550 Clearlake Centre
City & State West Palm Beach, Florida	City & State West Palm Beach, Florida
Zip 33401	Zip 33401
Country USA	Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SCHNEIDER, JOHN C ESQ.
 1001 FLAGLER CENTER
 505 S. FLAGLER DRIVE
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
 Name
Schneider, John C.
 Street Address (P.O. Box Number is Not Acceptable)
250 Australian Avenue
1550 Clearlake Centre
 City
West palm Beach **FL** Zip Code
33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Edward L. Trujillo* *John C. Schneider* *4-28-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUJILLO, EDWARD L. 12 TRADEWINDS CIRCLE TEQUESTA FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward L. Trujillo* *4-28-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)